MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-032301

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 7868 — STATE FILE NUMBER

FILED AUG 22 1962

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 5155 Waterman — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5155 Waterman — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Rose — Middle L. — Last Brackebusch

4. DATE OF DEATH: Month August — Day 11 — Year 1962

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 28June1878

9. AGE (last birthday): 84 — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HR: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (City and state or country): Nokomis, Ill.

12. CITIZEN OF WHAT COUNTRY: U. S.

13a. FATHER'S NAME: Rudolph Kettelkamp

13b. MOTHER'S MAIDEN NAME: Matilda Krummel

14. NAME OF HUSBAND OR WIFE: Andrew Brackebusch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT — Address: Arthur Brackebusch Divernon, Ill

18. CAUSE OF DEATH (Enter only one cause per line for Parts I and II.)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hodgkins Disease — INTERVAL BETWEEN ONSET AND DEATH: 8 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 201X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 4/2/62 to 8/11/62 and last saw her/him alive on 8/10/62

Death occurred at 7 15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Mona Allen MD

22b. ADDRESS: 3720 Washington

22c. DATE SIGNED: 8/11/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 13Aug1962

23c. NAME OF CEMETERY OR CREMATORY: South Fork

23d. LOCATION (City, town, or county) (State): Nokomis, Illinois

24. FUNERAL DIRECTOR — ADDRESS: O. E. Bass, Hillsboro, Ill.

25. DATE RECD. BY LOCAL REG.: AUG 11 1962

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	21	29	8
3			
4	1		
5	2		
6			
7	1		
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11			
12	90-0		
13			

90

BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed O E. Rau

Licensed Embalmer No. 2675

P. O. Address Hillsboro, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.